

117TH CONGRESS  
2D SESSION

# S. 4468

To improve the quality, appropriateness, and effectiveness of diagnosis in health care, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

JUNE 23, 2022

Mr. VAN HOLLEN (for himself and Mr. LUJÁN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To improve the quality, appropriateness, and effectiveness of diagnosis in health care, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Improving Diagnosis  
5       in Medicine Act of 2022”.

6       **SEC. 2. RESEARCH PROGRAM TO IMPROVE DIAGNOSTIC**  
7                   **SAFETY AND QUALITY.**

8       Part B of title IX of the Public Health Service Act  
9       (42 U.S.C. 299b et seq.) is amended by adding at the end  
10      the following:

1     **“SEC. 918. RESEARCH PROGRAM TO IMPROVE DIAGNOSTIC**

2                 **SAFETY AND QUALITY.**

3         “(a) IN GENERAL.—The Director shall establish a  
4         comprehensive program of research and quality improve-  
5         ment to—

6                 “(1) assess and understand diagnostic errors,  
7         including diagnostic delays, and how to eliminate  
8         common failures in the diagnostic process that lead  
9         to significant patient harm; and

10                 “(2) identify, develop, implement, and dissemi-  
11         nate evidence-based strategies and best practices for  
12         improving diagnostic quality, safety, and health care  
13         value.

14         “(b) ACTIVITIES.—The program established under  
15         subsection (a) shall include the following:

16                 “(1) CONTINUUM OF RESEARCH.—A portfolio  
17         of conducted and supported activities that is con-  
18         sistent with the general, research, implementation,  
19         and dissemination activities of the Center for Qual-  
20         ity Improvement and Patient Safety, as described in  
21         section 933, including—

22                 “(A) investigator-initiated research to as-  
23         sess diagnostic errors and identify improved  
24         methods to prevent errors and the harm they  
25         cause;

1                 “(B) translation and synthesis of research  
2                 findings and development of tools for imple-  
3                 menting prevention strategies into practice;

4                 “(C) implementation research to refine evi-  
5                 dence-based tools for improving diagnostic proc-  
6                 esses and effectively integrate these solutions  
7                 into practice; and

8                 “(D) dissemination to promote implemen-  
9                 tation of effective methods, strategies and tools  
10                 for wide-scale improvement.

11                 “(2) RESEARCH CENTERS OF DIAGNOSTIC EX-  
12                 CELLENCE.—Consistent with section 911(b), such  
13                 Centers shall link research directly with clinical  
14                 practice in geographically diverse locations through-  
15                 out the United States, and may include—

16                 “(A) academic medical and institutional re-  
17                 search centers that combine demonstrated mul-  
18                 tidisciplinary expertise in diagnostic outcomes  
19                 or quality improvement research with linkages  
20                 directly or through national, state or local  
21                 stakeholder partner organizations to relevant  
22                 sites of care; and

23                 “(B) provider-based research networks, in-  
24                 cluding plan, facility, or delivery system sites of  
25                 care (especially primary care), that can evaluate

1           outcomes and evaluate and promote quality im-  
2           provement approaches.

3           “(3) FINANCIAL ASSISTANCE.—The Director  
4        may provide financial assistance to assist in meeting  
5        the costs of planning and establishing new centers,  
6        as well as operating existing and new centers, pursu-  
7        ant to section 902(c).

8           “(4) STAKEHOLDER ENGAGEMENT.—The Di-  
9        rector shall identify and enter into a supporting  
10      agreement (grant or contract) with a nonprofit enti-  
11      ty that convenes a coalition of diverse health care  
12      stakeholders for the purpose of—

13           “(A) raising attention to diagnostic safety  
14      and quality concerns;

15           “(B) facilitating learning, adoption and  
16      spread of effective quality improvement inter-  
17      ventions; and

18           “(C) catalyzing novel actions by individual  
19      member organizations to reduce harms from di-  
20      agnostic error and improve patient outcomes.

21           “(c) AUTHORIZATION OF APPROPRIATIONS.—

22           “(1) IN GENERAL.—To carry out this section,  
23      there is authorized to be appropriated \$20,000,000  
24      for fiscal year 2023, \$25,000,000 for fiscal year

1       2024, \$30,000,000 for fiscal year 2025, and  
2       \$35,000,000 for each of fiscal years 2026 and 2027.

3           “(2) RESERVATION.—Of the amount appropri-  
4       ated under paragraph (1) for a fiscal year,  
5       \$700,000 shall be allocated to carrying out the pur-  
6       pose described in subsection (b)(4).

7           “(3) AVAILABILITY.—Amounts appropriated  
8       under this section shall remain available until ex-  
9       pended.”.

10 **SEC. 3. FELLOWSHIPS AND TRAINING GRANTS.**

11       (a) RUTH KIRSCHSTEIN AWARDS.—Section 487(a) of  
12 the Public Health Service Act (42 U.S.C. 288(a)) is  
13 amended by adding at the end the following:

14       “(5) For purposes of the program under this sub-  
15 section, biomedical and behavioral research includes diag-  
16 nostic safety and quality research.”.

17       (b) AHRQ PROGRAMS.—Section 902(b)(1) of the  
18 Public Health Service Act (42 U.S.C. 299a(b)(1)) is  
19 amended—

20           (1) by inserting “and diagnostic safety and  
21       quality” after “subsection (a)”; and

22           (2) by striking “under section 487(d)(3)” and  
23       inserting “for purposes of carrying out section 487”.

1   **SEC. 4. QUALITY MEASURE DEVELOPMENT.**

2       Section 931(c)(2) of the Public Health Service Act  
3       (42 U.S.C. 299b–31(c)(2)) is amended—

4           (1) by redesignating subparagraphs (B)  
5       through (J) as subparagraphs (C) through (K), re-  
6       spectively; and

7           (2) by inserting after subparagraph (A) the fol-  
8       lowing:

9               “(B) diagnostic safety and quality;”.

10   **SEC. 5. DATA FOR RESEARCH AND IMPROVEMENT.**

11       Section 937(f) of the Public Health Service Act (42  
12   U.S.C. 299b–37(f)) is amended—

13           (1) by striking “The Secretary” and inserting  
14       the following:

15               “(1) IN GENERAL.—The Secretary”; and

16               (2) adding at the end the following:

17               “(2) CONSULTATION WITH EXPERT PANEL.—In  
18       carrying out paragraph (1), the Secretary, in coordi-  
19       nation with the Director, the Director of the Centers  
20       for Medicare & Medicaid Services, the National Co-  
21       ordinator for Health Information Technology, and  
22       the National Library of Medicine, shall convene an  
23       expert panel to consider and make recommendations  
24       regarding the types, sources, and availability of data  
25       needed to accelerate diagnostic safety and quality re-  
26       search, training, and measure development as speci-

1 fied in section 918, including data related to racial,  
2 ethnic, and language attributes; gender, age, geog-  
3 graphy, and socioeconomic conditions; the specificity,  
4 interoperability, and socio-technical aspects of elec-  
5 tronic vocabularies and ontologies related to pre-  
6 senting symptoms and diagnostic certainty; and the  
7 development and use of symptom-based clinical reg-  
8 istries. Such panel shall consider enhanced data ca-  
9 pabilities that are necessary to support both re-  
10 search and improvement of diagnostic safety and  
11 quality.”.

12 **SEC. 6. INTERAGENCY COUNCIL ON IMPROVING DIAGNOSIS  
13 IN HEALTH CARE.**

14 (a) ESTABLISHMENT.—The Secretary of Health and  
15 Human Services (in this section referred to as the “Sec-  
16 retary”) shall establish within the Office of the Secretary  
17 an interagency council to be known as the Interagency  
18 Council on Improving Diagnosis in Health Care (referred  
19 to in this section as the “Council”).

20 (b) OBJECTIVES.—The objectives of the Council shall  
21 be the following:

22 (1) Enhance the quality, appropriateness, and  
23 effectiveness of diagnosis in health care through—  
24 (A) the establishment and support of a  
25 broad base of scientific research;

(B) the dissemination and implementation of the results of such research; and

(C) the promotion of improvements in clinical and health system practices.

5                   (2) Identify and eliminate systemic barriers to  
6 supporting research in improving diagnosis in health  
7 care.

**16 (c) MEMBERSHIP.—**

17                         (1) CHAIRPERSON.—The Director of the Agen-  
18                         cy for Healthcare Research and Quality (or the Di-  
19                         rector's designee) shall be the Chairperson of the  
20                         Council.

**21**                   **(2) MEMBERS.—**

(i) At least 1 designee from each of the following, appointed by the head of the applicable department or agency:

## (I) The Centers for Disease Control and Prevention.

## (II) The Centers for Medicare & Medicaid Services.

### (III) The Department of Veterans Affairs.

#### (IV) The Congressionally Directed Medical Research Program of the Department of Defense.

(V) The Office of the National Coordinator for Health Information Technology.

(ii) Designees from the National Institutes of Health, including at least 1 designee from each of the following:

## (I) The National Cancer Institute

## (II) The National Center for Advancing Translational Sciences.

### (III) The National Institute of Allergy and Infectious Diseases.

(IV) The National Heart, Lung,  
and Blood Institute.

3 (V) The National Institute of  
4 Neurological Disorders and Stroke.

(VI) The National Library of  
Medicine.

7 (VII) The National Institute on  
8 Minority Health and Health Dispari-  
9 ties.

(VIII) The National Institute of  
Nursing Research.

12 (IX) The Eunice Kennedy Shriver National Institute of Child Health  
13 and Human Development.  
14

(B) ADDITIONAL MEMBERS.—In addition to the designees under subparagraph (A), the Council may include such other designees from Federal departments or agencies as the Chairperson of the Council deems appropriate.

8 (d) STRATEGIC PLAN; REPORTS.—

17 (A) identifies coordinated opportunities to  
18 enhance scientific research and reduce systemic  
19 barriers in order to improve diagnosis in health  
20 care; and

(B) includes legislative and administrative policy recommendations, including opportunities to remove barriers to, and enhance, inter-agency coordination in the planning, conduct, and funding of, such research.

1                         (2) REPORTS TO CONGRESS.—Not later than  
2                         July 31 of every odd-numbered year beginning with  
3                         the first such year after the date of submission of  
4                         the first Strategic Federal Plan to Improve Diag-  
5                         nosis under paragraph (1), the Council shall pre-  
6                         pare, submit to the Secretary and Congress, and  
7                         make publicly available an updated Strategic Fed-  
8                         eral Plan to Improve Diagnosis that includes—

- 9                             (A) such updates as the Council deter-  
10                         mines to be appropriate;
- 11                             (B) information on the overall progress of  
12                         the Federal Government in reducing barriers to  
13                         research on, and supporting projects to im-  
14                         prove, diagnosis in health care; and
- 15                             (C) legislative and administrative policy  
16                         recommendations, including addressing any  
17                         needs for greater legislative authority to meet  
18                         the objectives listed in subsection (b).

19                         (e) AUTHORIZATION OF APPROPRIATIONS.—To carry  
20                         out this section, there are authorized to be appropriated  
21                         \$1,500,000 for each of fiscal years 2023 through 2027.

22                         **SEC. 7. NATIONAL ACADEMIES REPORT.**

23                         (a) IN GENERAL.—The Director of the Agency for  
24                         Healthcare Research and Quality shall seek to enter into  
25                         a contract with the National Academies of Sciences, Engi-

1 neering, and Medicine under which such National Acad-  
2 emies conducts a study and issues a report on disparities  
3 in diagnostic safety and quality that—

4               (1) identifies what is known about the burden  
5               and causes of such disparities, including racial, eth-  
6               nic, socioeconomic, age, gender, geography, language  
7               proficiency, and intersectional interactions; and

8               (2) includes recommendations on specific ac-  
9               tions that policymakers, researchers, clinicians, and  
10              other stakeholders can take to eliminate such bur-  
11              dens.

12              (b) AUTHORIZATION OF APPROPRIATIONS.—To carry  
13              out this section, there is authorized to be appropriated  
14              \$1,500,000 for fiscal year 2023, to remain available until  
15              expended.

